

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number 10/797144	Filing Date				
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2	1						52					
3	1						53					
4	1						54					
5	3						55					
6							56					
7	1						57					
8	3						58					
9	3						59					
10	3						60					
11	3						61					
12							62					
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43							93					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	3						Total Indep					
Total Depend	16						Total Depend					
Total Claims	19						Total Claims					

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